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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>
		Attorney Docket No. TI-36739
		First Inventor Redwine
		Title CIRCUIT AND METHOD FOR REDUCING SRAM STANDBY POWER
		Express Mail Label No. EU 664690914 US

U.S. PTO
10/127888
22264

120303

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO:	
		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/>	Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/>	Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/>	Computer Readable Form (CRF)
<ul style="list-style-type: none"> - Descriptive title of the Invention - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 		b. <input type="checkbox"/>	Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
		c. <input type="checkbox"/>	Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS			
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) Sheets	[Total 3]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
5. <input type="checkbox"/>	Oath or Declaration Pages	[Total 1]	10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>
a. <input checked="" type="checkbox"/>	Newly Executed (original or copy)		<input checked="" type="checkbox"/> Power of Attorney
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
			12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
			13. <input type="checkbox"/> Preliminary Amendment
			14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
			16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 <i>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</i>
			17. <input type="checkbox"/> Other:
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____ <i>Prior application information:</i> Examiner _____ Group / Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

23494*(Insert Customer No. or Attach bar code label here)*

or

 Correspondence address below

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	972-917-5440	FAX (972)917-4418

Name (Print/Type)	Robert N. Rountree	Registration No. (Attorney/Agent)	39,347
Signature	<i>Robert N. Rountree</i>		Date 12/3/03

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17698
U.S. PTO

FEE TRANSMITTAL for FY 2003

 Patent fees are subject to annual revision.
 Express Mailing Label No.: EU 664690914 US

 TOTAL AMOUNT OF PAYMENT **\$ 876**

Complete If Known	
Application Number	TBD
Filing Date	December 3, 2003
First Named Inventor	Redwine
Examiner Name	TBD
Group Art Unit	TBD
Attorney Docket No.	TI-36739

METHOD OF PAYMENT

1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
Deposit Account Number	20-0668
Deposit Account Name	Texas Instruments Incorporated
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
2. <input type="checkbox"/>	Payment Enclosed:
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	740	201	355
1002	330	206	160
1003	510	207	245
1004	740	208	355
1005	160	214	75
SUBTOTAL (1)			\$750

2. EXTRA CLAIM FEES

Total Claims	Extra Claims			Fee Paid
	Fee from below			
Total Claims	27	-20** =	7	x 18 = 126
Independent Claims	3	-3** =	0	x 84 = 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	203
1201	84	202
1203	280	204
1204	84	209
1205	18	210
SUBTOTAL (2)		

**or number previously paid, if greater; For Reissue, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	205	65
1052	50	227	25
1053	130	139	130
1812	2,520	147	2,520
1804	920*	112	920*
1805	1,840*	113	1,840*
1251	110	215	55
1252	400	216	195
1253	920	217	445
1254	1,440	218	695
1255	1,960	228	945
1401	320	219	155
1402	320	220	155
1403	280	221	135
1451	1,510	138	1,510
1452	110	240	55
1453	1,280	241	620
1501	1,280	242	620
1502	460	243	220
1503	620	244	300
1460	130	122	130
1807	50	123	130
1806	180	126	180
8021	40	581	40
1809	740	246	355
1810	740	249	355
1801	740	279	355
1802	900	169	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	Robert N. Rountree	Registration No. (Attorney/Agent)	Telephone
Signature	<i>Robert N. Rountree</i>	(719) 783-0990	Date 12/3/03

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